24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
LATINO VICTORY FUND	C C00562777
	<u> </u>
Check if X 24-hour report 48-hour report New report Amends report file	ed on M / D D / Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Sabio	10 21 2016
Mailing Address 401 Wilshire Blvd.	Amount
City State Zip Code	100000.00
Santa Monica CA 90401	Transaction ID : SE.5360 Date of Disbursement or Obligation
Purpose of Expenditure Mobile Media - Non-contribution Account Category/ Type	10 / 21 / 2016
	fice Sought: House District:
TRUMP, DONALD J, , ,	X President Senate State:
Calendar Year-To-Date Per Election for Office Sought Dis 201	sbursement For: Primary General Other (specify) ☐ Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	Amount
	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Of	fice Sought: House District:
Oppose	President Senate State:
Galorida Todi To Balo	sbursement For: Primary General
Per Election for Office Sought	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	100000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	100000.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Le Brusq, Sara, , , [Electronically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	